(vi) prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health; and

(vii) addressing special populations needs, including all age groups and individuals with disabilities, and individuals in both urban, rural, and frontier areas.

(3) COMMUNITY-BASED PREVENTION HEALTH ACTIVITIES.—

(A) IN GENERAL.—An eligible entity shall use amounts received under a grant under this section to implement a variety of programs, policies, and infrastructure improvements to promote healthier lifestyles.

(B) ACTIVITIES.—An eligible entity shall implement activities detailed in the community transformation plan under paragraph (2).

(C) IN-KIND SUPPORT.—An eligible entity may provide in-kind resources such as staff, equipment, or office space in carrying out activities under this section.

(4) EVALUATION.—

(A) IN GENERAL.—An eligible entity shall use amounts provided under a grant under this section to conduct activities to measure changes in the prevalence of chronic disease risk factors among community members participating in preventive health activities

(B) TYPES OF MEASURES.—In carrying out subparagraph (A), the eligible entity shall, with respect to residents in the community, measure—

(i) changes in weight;

(ii) changes in proper nutrition;

(iii) changes in physical activity;

(iv) changes in tobacco use prevalence;

(v) changes in emotional well-being and overall mental health;

(vi) other factors using community-specific data from the Behavioral Risk Factor Surveillance Survey; and

(vii) other factors as determined by the Secretary, including differential susceptibility, mortality, or morbidity due to chronic diseases such as cancer, diabetes, and cardiovascular disease.

(C) REPORTING.—An eligible entity shall annually submit to the Director a report containing an evaluation of activities carried out under the grant.

(5) DISSEMINATION.—A grantee under this section shall—

(A) meet at least annually in regional or national meetings to discuss challenges, best practices, and lessons learned with respect to activities carried out under the grant; and

(B) develop models for the replication of successful programs and activities and the mentoring of other eligible entities.

(d) TRAINING.—

(1) IN GENERAL.—The Director shall develop a program to provide training for eligible entities on effective strategies for the prevention and control of chronic disease and the link between physical, emotional, and social well-being.

(2) COMMUNITY TRANSFORMATION PLAN.—The Director shall provide appropriate feedback and technical assistance to grantees to establish community transformation plans

(3) EVALUATION.—The Director shall provide a literature review and framework for the evaluation of programs conducted as part of the grant program under this section, in addition to working with academic institutions or other entities with expertise in outcome evaluation.

(e) PROHIBITION.—A grantee shall not use funds provided under a grant under this section to create video games or to carry out any other activities that may lead to higher rates of obesity or inactivity.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each fiscal years 2010 through 2014.

SEC. 4201A. REDUCTION OF HEALTH DISPARITIES IN RURAL AREAS.

(a) AUTHORIZATION OF INITIATIVE.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in collaboration or conjunction with the Director of the National Center for Health Disparities and Deputy Assistant Secretary for Minority Health, shall establish an initiative—

(A) that is specifically directed toward addressing the issue of health disparities attributable to chronic diseases in rural and frontier areas by creating and promoting educational, screening, and outreach programs that reduce the prevalence, morbidity, and mortality of chronic diseases or susceptibility to such diseases; and

(B) whose goal is to significantly improve access to, and utilization of, beneficial chronic disease interventions in rural communities experiencing health disparities in order to reduce such disparities.

(2) HEALTH DISPARITY POPULATION.—

(A) IN GENERAL.—For purposes of carrying out the initiative described in paragraph (1), a population shall be considered a health disparity population if there is a significant disparity in the overall rate of chronic disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.

(B) CHRONIC DISEASES.—In this paragraph, the term ''chronic disease'' includes hypertension, diabetes, cancer, and heart disease.

(b) COMMON ADMINISTRATIVE STRUCTURE.—The initiative described in subsection (a) shall—

(1) utilize a common administrative structure to ensure coordinated implementation, oversight, and accountability;

(2) be amenable to regional organization in order to meet the specific needs of rural communities throughout the United States; and

(3) involve elements located in rural communities and areas.

(c) DESIGN.—The initiative described in subsection (a) shall be designed to reach rural communities and populations that experience a disproportionate share of chronic disease burden, including African Americans, American Indians or Alaska Natives, Hawaiian Natives and other Pacific Islanders, Asians, Hispanics or Latinos, and other underserved rural populations.

(d) ESTABLISHMENT OF INITIATIVE AND GRANTS.—In carrying out the initiative described in subsection (a), the Secretary of Health and Human Services shall, from funds appropriated to carry out this section—

(1) use 50 percent for the establishment of such initiative; and

(2) use 50 percent to award competitive grants or contracts to organizations, universities, or similar entities to carry out the initiative, with preference given to entities having a demonstrable track record of service to rural communities, including tribally-affiliated colleges or universities.

SA 2828. Mr. WHITEHOUSE (for himself, Mr. KERRY, Mr. FEINGOLD, and Mr. FRANKEN) submitted an amendment intended to be proposed by him to the bill H.R. 3590, to amend the Internal Revenue code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

TITLE ____—MEDICAL BANKRUPTCIES

SECTION ___1. SHORT TITLE.

This title may be cited as the ''Medical Bankruptcy Fairness Act of 2009''.

SEC. ___2. DEFINITIONS.

Section 101 of title 11, the United States Code, is amended by inserting after paragraph (39A) the following:

''(39B) The term 'medical debt' means any debt incurred directly or indirectly as a result of the diagnosis, cure, mitigation, treatment, or prevention of injury, deformity, or disease, or for the purpose of affecting any structure or function of the body.

''(39C) The term 'medically distressed debtor' means a debtor who, during any 12-month period during the 3 years before the date of the filing of the petition—

''(A) incurred or paid medical debts for the debtor or a dependent of the debtor, or a nondependent member of the immediate family of the debtor (including any parent, grandparent, sibling, child, grandchild, or spouse of the debtor), that were not paid by any third party payor and were in excess of 25 percent of the debtor's annual adjusted gross income (as such term is defined under section 62 of the Internal Revenue Code of 1986), set forth in the most recent Federal income tax return filed by the debtor, or by the debtor and the debtor's spouse, prior to the commencement of the case;

''(B) was a member of a household in which 1 or more members (including the debtor) lost all or substantially all of the member's domestic support obligation income, taking into consideration any disability insurance payments, for 4 or more weeks, due to a medical problem of a person obligated to pay such domestic support; or

''(C) experienced a downgrade in employment status that correlates to a reduction in wages or work hours or results in unemployment, to care for an ill, injured, or disabled dependent of the debtor, or an ill, injured, or disabled nondependent member of the immediate family of the debtor (including any parent, grandparent, sibling, child, grandchild, or spouse of the debtor), for not less than 30 days.''.

SEC. ___3. EXEMPTIONS.

(a) EXEMPT PROPERTY.—Section 522 of title 11, the United States Code, is amended by adding at the end the following:

''(r) For a debtor who is a medically distressed debtor, if the debtor elects to exempt property—

''(1) listed in subsection (b)(2), then in lieu of the exemption provided under subsection (d)(1), the debtor may elect to exempt the debtor's aggregate interest, not to exceed $250,000 in value, in real property or personal property that the debtor or a dependent of the debtor uses as a residence, in a cooperative that owns property that the debtor or a dependent of the debtor uses as a residence, or in a burial plot for the debtor or a dependent of the debtor; or

''(2) listed in subsection (b)(3), then if the exemption provided under applicable law specifically for property of the kind described in paragraph (1) is for less than $250,000 in value, the debtor may elect in lieu of such exemption to exempt the debtor's aggregate interest, not to exceed $250,000 in value, in any such real or personal property, cooperative, or burial plot.''.

(b) CONFORMING AMENDMENTS.—Sections 104(b)(1) and 104(b)(2) of title 11, the United States Code, are each amended by inserting ''522(r),'' after ''522(q),''.

SEC. ___4. DISMISSAL OF A CASE OR CONVERSION TO A CASE UNDER CHAPTER 11 OR 13.

Section 707(b) of title 11, the United States Code, is amended by adding at the end the following: